

**Check Stop Payment Order**
**Accounting Department**

Member Name:	Account Number:
	<b>Drawn on:</b> Cedar Point Federal Credit Union 22745 Maple Road Lexington Park, MD 20653
Daytime Phone:	

**Please stop payment on one of the following:**

___ Check Number:	
___ Range of Check Numbers:	To
___ Check Amount:	Payable To:

Please stop payment on the check(s) described above, unless you have already paid, certified, or accepted it. I understand that this request will cease to be effective six months from the date shown unless it is previously canceled or renewed in writing by me. Cedar Point Federal Credit Union will not be liable for payments of the check, contrary to this request unless payment is caused by the Credit Union's negligence and caused actual losses for me. The Credit Union's liability shall not, in any event, exceed the amount of the check. I agree to reimburse the Credit Union for any loss it sustains in honoring this request.

**Stop Payment Orders requested by phone or electronically will be removed if the signed form is not received by Cedar Point Federal Credit Union within 14 calendar days.**

Date Stop Payment Order was sent to Member:	Date Received:
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**Cedar Point is not liable for checks that clear within 24 hours of this request  
 Fee: \$25.00 per draft**

Order Requested By	Signature	Date
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**For Credit Union Use Only**

Employee who Accepted this form	Date & Time Received by the Employee
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Requested by: \_\_\_ Mail \_\_\_ Phone \_\_\_ Fax \_\_\_ In Person